# 1403-129-1425

FE6AN026

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

TRECEIVED

2314 SEP -4 PH 4: 03

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

Office Use Only

12FE4M5

FIRSTPAC FOR POLITICAL FREEDOM:							
<u> </u>	<u> </u>	. 1 1 1 1	1 1 1 1	1.1.111.			
ADDRESS (number and street)	1794 CARNE	ROS AVEI	NUE,		1111		
Check if different than previously reported. (ACC)	EWES, , ,	111		L	PE [	19958 _ 2253	
2. FEC IDENTIFICATION NUMB	ER ▼	CITY A		S	TATE 🛦	ZIP CODE A	
C 00541094		3. IS THIS REPORT	1.00 2	NEW (N) <b>OR</b>	AMI (A)	ENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(d) 30-Day POST-Elect Report for t	n he:		(12C) [	Sep 2	in the State of	
5. Covering Period 04	′ <b>°</b> 01° ′ <b>°2</b> 0°	14	through	06	30 ′	2014	
I certify that I have examined this F	-	-	wledge and	belief it is true	, correct and	complete.	
Signature of Treasurer  Date  Date  Date  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
Office Use Only						FEC FORM 3X Rev. 12/2004	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Re	port Covering the Period: From:	( ° 01° ′ 2014° ) то	: 06 / 30 / 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		761.57
	(b) Cash on Hand at Beginning of Reporting Period	799.07	
	(c) Total Receipts (from Line 19)	.00)	.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	799.07	761.5
7.	Total Disbursements (from Line 31)	37.50	
В.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	761.57	761.57
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

## **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

#### FIRSTPAC FOR POLITICAL FREEDOM

_									
R	eport Covering the Period: From: 04	7 01 2014 To	o: 06" 30° 2014'						
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees  (i) Itemized (use Schedule A)	0	0						
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0	0						
	(b) Political Party Committees								
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other  Party Committees								
13.	All Loans Received								
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)								
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other								
17.	Other Federal Receipts								
18.	(Dividends, Interest, etc.)								
	(b) Levin Funds (from Schedule H5)	ليبيينا							
	(c) Total Transfers (add 18(a) and 18(b))								
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0							
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0	0						

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 COLUMN B

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	37.50	37.50
	(ii) Non-Federal Share		
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37,50
	(add 21(a)(i), (a)(ii), and (b)) ▶	37.50	37.30
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use solieutio 1)		
26.	Loan Repayments Made		
27	Loans Made		
28.	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0	0
	man romour committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0	0
	(422 2		
29.	Other Disbursements		0
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37.50	37.50
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0	0
	·		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)		
	(from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	37.50	37.50
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	37.50	37.50

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE

T	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check or	nly or	ne) ] 11b			12	
			Detailed Summary Page	13	上	14	15	$\vdash$	16 -	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
$\rangle$	NAME OF COMMITTEE (In Full) FIRSTPAC FOR POLITICAL I	FREEDO	DM							
Δ.	Full Name (Last, First, Middle Initial) RYAN, MARK A.  Mailing Address			Date	of Re	eceipt	67) / F7	<del>-</del> √-∀-1		<b>~</b>
	31794 CARNEROS AVENUE City LEWES	State DE	Zip Code 19958-2523	Amou	nt of	Each F	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C								0
	Name of Employer SELF-EMPLOYED Receipt For:		A DEVELOPMENT							
	Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼							
В.	Full Name (Last, First, Middle Initial)			Date	of Re	eceipt				
	Mailing Address  City	State								
						Each I	Receipt th	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C	····		***			~~~		
	Name of Employer	Occupation								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼							
С.	Full Name (Last, First, Middle Initial)			Date	of Re	eceipt				
<b>.</b>	Mailing Address					C V	<b>]</b> / [		~~~~	
	City	State	Zip Code	Amou	ınt of	Each	Receipt th	nis Po	eriod	
	FEC ID number of contributing federal political committee.	C						~~~		
	Name of Employer	Occupation								
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ♥							
١	SUBTOTAL of Receipts This Page (optional)							<del>~</del>	ر داده	0

TOTAL This Period (last page this line number only).....

## SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	5 and address of any political	Sommittee 10	Const. Contributions from Such Committee.		
FIRSTPAC FOR POLITICAL FI	REEDOM				
Full Name (Last, First, Middle Initial)  A. DVAN MADK A			Date of Disbursement		
RYAN, MARK A.			Mem / Lie / Arriva		
Mailing Address 31794 CARNEROS AVENUE			30 2014		
-	tate Zip Code DE 19958-2523				
Purpose of Disbursement	5 ====================================				
BANKING SERVICES/FEES Candidate Name	BANKING SERVICES/FEES 001				
NA		Category/ Type	37.50		
Office Sought: House Disburser	,				
	Primary ☐ General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  B.			Date of Disbursement		
<u> </u>			لممضمضا العموا العملا		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type			
Office Sought: House Disbursen	<del></del>				
	Primary ☐ General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement		
Mailing Address		<del></del>	المحمدم العمقا المعمدما		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement		أستست			
Candidate Name		البمبي	Amount of Each Disbursement this Period		
		Category/ Type			
Office Sought: House Disburser Senate	nent For: Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		•••••			
TOTAL This Period (last page this line number only)					
TOTAL THIS FERIOU (last page this line number only)		·········· <b>&gt;</b>			

CHEDULE C (FEC Foi	rm 3X)	<del></del>	1
OANS		Use separate schedule(s) for each category of the	PAGE OF
		Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full) N/A			
LOAN SOURCE Full Name (L	ast, First, Middle Initial)	E	ection:
		-	Primary General
Mailing Address	<del></del>	<del></del>	Other (specify)
City	State 715	<sup>2</sup> Code	
Original Amount of Loan	State ZIF  Cumulative Paymen	<del></del>	Outstanding at Close of This Perio
Original Amount of Loan	Cumulative Paymen		Outstanding at Close of This Feno
	and Lacre		·
TERMS Date Incurred	Date	Due Interest Rate	Secured:
Date incured		Due Illielest Hate	
lead been been			% (apr)YesNo
List All Endorsers or Guarant	,		
1. Full Name (Last, First, Midd	die Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed	
O Full Name (Land Final Middle	I. I. R. T	Outstanding:	
2. Full Name (Last, First, Midd	ie initiai)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
2 Full Name /Lest First Midd	lo Initial	Outstanding:	
3. Full Name (Last, First, Midd	ie miliari	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed	
4. Full Name (Last, First, Midd	le Initial	Outstanding:  Name of Employer	
4. Full Name (East, First, Wilde	io miliary	realite of Employer	
Mailing Address		Occupation	
		Amount (	
City	State ZIP Code	Guaranteed	
	· · · · · · · · · · · · · · · · · · ·	Outstanding:	
SUBTOTALS This Period This Pa	age (optional)		<u>^</u>
FOTALS This Period (last page in	n this line only)		
TOTALO TINO FENOU (last page II	r una ima only)		
Carry outstanding balance only t	to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forward	d to appropriate line of Summary.

## SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal	Election Commission, Washington, D.C. 20463			Page of Schedule C
NAME	OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	FEG	C IDENTIFICATION NUMBER
	N/A		6	
i	14// (		150	<u>  </u>
LENDI	NG INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Na	me			
				<u>                                   </u>
Mailing	Address		Jara V	/ 6763 / <del>777777</del>
		Date Incurred or Established		
City	State Zip Code	Date Due	N - N	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
J,		Sale Sae	i combinar	
<b>A</b>	Has loan been restructured? No Yes	If yes, date originally incurre	ed Two war	, <u>900</u> , <u>700,000</u>
В.	If line of credit,	Total	СистеСтина	2 Describer SectionsConstant
		Outstanding	-	
	Amount of this Draw:	Balance:	صيحا	
C.	Are other parties secondarily liable for the debt income No Yes (Endorsers and guarantors	urred? must be reported on Schedule C.	)	
D.	Are any of the following pledged as collateral for the	<del></del>		e value of this collateral?
	property, goods, negotiable instruments, certificates	of deposit, chattel papers,		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	stocks, accounts receivable, cash on deposit, or off  No Yes If yes, specify:	ner similar traditional collateral?		
}	Tes if yes, specify.	<del></del>	Does the le	ender have a perfected security
			interest in	it? No Yes
E.	Are any future contributions or future receipts of int	, -		e estimated value?
	collateral for the loan? No Yes If yes	s, specify:		
	A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
	Date account established:	Address:		
	المصمميني الهجي البيه	City Chata Time		
ļ		City, State, Zip:		
	If neither of the types of collateral described above the loan amount, state the basis upon which this lo			
G.	COMMITTEE TREASURER		DATE	······································
	Typed Name			1 / 1828 / 1822 / 1823
-	Signature			
<del>  Н.</del>	Attach a signed copy of the loan agreement.	<del></del>		<del></del>
1.	TO BE SIGNED BY THE LENDING INSTITUTION	· ·		
	<ol> <li>To the best of this institution's knowledge, the are accurate as stated above.</li> </ol>			
	<ol> <li>The loan was made on terms and conditions similar extensions of credit to other borrowers</li> </ol>		avorable at t	he time than those imposed for
	III. This institution is aware of the requirement the	at a loan must be made on a bas	is which ass	ures repayment, and has
AUTHO	complied with the requirements set forth at 11 DRIZED REPRESENTATIVE	OFH 100.82 and 100.142 in mal	ong this loan	
	Name		DATE	
Signa	ture	Title		
1				

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)  N/A			
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	rebt (Purpose):
			( c.pcco).
Mailing Address			
Maining Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
		مسمسا السمسم	
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	Debt (Purpose):
Mailing Address		<del>-                                    </del>	
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of D	Pebt (Purpose):
		}	
Mailing Address			
City	State Zip Code		
	2.p 0000		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			***************************************
		عسمسا لسمسة	
1) SUBTOTALS This Period This Page (optional)			
2) TOTALS This Period (last page this line numb	er only)	<b> </b>	
ON TOTAL CUITCEANDING LOANIG for Colored	o C (last page only)		
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only)		
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page of	nnly) ▶ <u>L</u>	

SCHEDULE E (FEC Form 3X)	<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
N/A	C
Check if 24-hour report 48-hour report New report Amends	report filed on
Full Name (Last, First, Middle Initial) of Payee	Date
	Mam, Deo, Versor
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Туре	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
•	M = M / D = D / V = V = V
Mailing Address	لحصا لصا لصا
	Amount
City State Zip Code	
Purpose of Expenditure Category/	Office Sought: House State:
Purpose of Expenditure Category/ Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) CURTOTAL of University Independent Conceditions	
(b) SUBTOTAL of Uniternized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	
.,	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or apparty committee) any political party committee or its agent.	
Signature	Date Date
Jigrature	

# SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

N BEHALF OF CANDIDATES	FOR FED	ERAL OFFICE		PAGE OF
	be used only	by Political Committees in	the General Election)	FOR LINE 25 OF FORM 3X
AME OF COMMITTEE (In Full)  N/A				
as your committee been designated to mai coordinated expenditures by a political party YES NO		Full Name of Subordinate Co	ommittee	
YES, name the designating committee:		Mailing Address		·
		City	Sta	ate ZIP Code
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	category/
Mailing Address	- <del></del>		Date	Туре
City	State	Zip Code		0 4 0 / 7 7 7 7 7
Name of Federal Candidate Supported	Office Soug	ht: House State: Senate District: Presidential	Amount	* * * * * * * * * * * * * * * * * * * *
Aggregate General Election Expenditure for this Candidate ▶				
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	Category/
Mailing Address			Date	Туре
City	State			· · · · · · · · · · · · · · · · · · ·
Name of Federal Candidate Supported	Office Soug	ht: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶	^			
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Exp	penditure  Category/
Mailing Address			Date	Туре
City	State	Zip Code	Date /	
Name of Federal Candidate Supported	Office Soug	ht: House State: Senate District: Presidential	Aniount	
Aggregate General Election Expenditure for this Candidate ▶			\$	, ,
SUBTOTAL of Expenditures This Page (op	otional)			
TOTAL This Period (last page this line nur	nber only)			

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  N/A
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
· Nonfederal %
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

## SCHEDULE H2 (FEC Form 3X)

PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) N/A RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER **FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % **NONFEDERAL % ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised Same as Previously Reported New **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % **NONFEDERAL %** 

ACTIVITY IS:

Fundraising CHECK IF THE RATIO IS: New

Revised

Direct Candidate Support

Same as Previously Reported

#### SCHEDULE H3 (FEC Form 3X) TF Αl

TRANSFERS FROM NONFEDERAL A ALLOCATED FEDERAL / NONFEDER		PAGE OF	
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	FOR LINE 18a OF FORM 3X
N/A			
	DATE OF SECTION	- T	ANAINT TANIA
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL	AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED			
i) Total Administrative			
ii) Generic Voter Drive			
iii) Exempt Activities			
iv) Direct Fundraising (List Activity or Event	Identifier)		
a)			
b)	- L	لحسي	
\T.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and the state of		V V V V V V
c) Total Amount Transferred For Direct Full	ndraising		
v) Direct Candidate Support (List Activity or	r Event Identifier)		
a)			
		-	
c) Total Amount Transferred For Direct Ca		1	
vi) Public Communications Referring Only	to Party (Made by PAC)		
TOTALS	FOR BREAKDOWN OF TRANSFEI	R RECEIVED	
TOTAL This Period (Administrative)			
TOTAL This Period (Generic Voter Drive)			
TOTAL This Period (Exempt Activities)			
TOTAL This Period (Direct Fundraising)			
TOTAL This Period (Direct Candidate Support)			
TOTAL This Period (Public Communications Refer	тing Only to Party)		
TOTAL This David (Total Assessed Total County)			<del></del>

# 1403-129-1440

### SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE	21a OF F	ORM 3X

NA	ME OF COMMITTEE (In Full)  N/A					
<u>A.</u>	Full Name (Last, First, Middle Initial)		***		Allocated Activity or Event:	
	Maritima Address				Administrative Fundraising Exem	ıpt
	Mailing Address				Voter Drive Direct Candidate Supp	ort
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	!
	Activity or Event Identifier:			Category/ Type	Date	Ī
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:	
	Mailing Address			<del></del>	Administrative Fundraising Exen	•
	-				Voter Drive Direct Candidate Supp	ort
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date	}
	Activity or Event Identifier:					<u> </u>
	,			Category/ Type	Date / D b / V V V V V	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
c.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:	
	AA-W Add		······································		Administrative Fundraising Exen	ηpt
	Mailing Address				Voter Drive Direct Candidate Supp	ort
	City	State	Zip Code		Public Comm (ref to party only) by PAC	
	Purpose of Disbursement:	<u></u>			Allocated Activity or Event Year-To-Date	t
	Activity or Event Identifier:			Category/ Type	Date	
	FEDERAL SHARE	+	NONFEDERAL	<u></u>	= TOTAL AMOUNT	
		, <del> </del>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2
		عا ا				
SI	UBTOTAL of Allocated Federal and NonFeder	ral Activity Th	-	0	TOTAL AMOUNT	
	FEDERAL SHARE	┑╹┈	NONFEDERAL	SHARE	= TOTAL AMOUNT	<b>-</b>
_	This Point floring to the second second		2-C)2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	d Nan Cart		
T	OTAL This Period (last page for each line on FEDERAL SHARE	ıy)(⊢ederal sh	nare to 21(a)(i) and NONFEDERAL		nare to 21(a)(ii))  TOTAL AMOUNT	
	12321112		2 2 2 2			7
						_5

#### SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

٦	o be used by State, District and Lo	cal Party Committees O	nly)		AGE OF
-	NAME OF COMMITTEE (In Full)	<del></del>			OR LINE 18b OF FORM 3X
	N/A				
	NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUN	T TRANSFERRED
		ا العمق السمين			
			Combandar I		
	BREAKDOWN OF THIS TRANSFER				
	i) Voter Registration	<u> </u>	OTER REGISTRA	HON	
	Total Amount Transferred for Ve	oter Registration	Parantina Carantina Paranti		
	ii) Voter ID	Series.	VO	TER ID	Diamaga .
	Total Amount Transferred for Ve	oter ID	omeonec:>mmoonec:		
	iii) GOTV			GOTV	
		OTV		<u> </u>	
				GENERIC CAMPAI	GN ACTIVITY
	iv) Generic Campaign Activity Total Amount Transferred for G	eneric Campaign Activity			
	lotary who are manufactured for G	chone campaign northly	-	^^_	
	NAME OF ACCOUNT	DATE OF RECEIPT	<del></del>	TOTAL AMOUN	IT TRANSFERRED
		م ، رویون ، سیس	24244		
		ا لحصا لحما	المصمح		
	BREAKDOWN OF THIS TRANSFER				
	i) Voter Registration	{ <del>ampa-apa</del> -	VOTER REGISTRA	TION	
	Total Amount Transferred for V	oter Registration	2		
	ii) Voter ID	Cond.	VO	TER ID	
	Total Amount Transferred for V	oter ID			
		Caran		GOTV	
	iii) GOTV  Total Amount Transferred for G	OTV			
	100000000000000000000000000000000000000		·····	GENERIC CAMPAI	GN ACTIVITY
	iv) Generic Campaign Activity	Seneric Campaign Activity			
	Total Amount Transferred for G	ienenc Campaign Activity			
Γ	TOTALS FOR	BREAKDOWN OF TRANSFER	RECEIVED (Las	st Page Only)	<del></del>
l				,,	
	TOTAL This Period (Voter Registration	n)	5 5 5 c		
l	, ,	المناسطة المناسطة	Same and Same and		<u></u>
l	TOTAL This Period (Voter ID)				7
l		Cancer			and magazita
Ì	TOTAL This Period (GOTV)		L	· · · · · · · · · · · · · · · · · · ·	السا
l					
١	TOTAL This Period (Generic Campaig	n Activity)	<u></u>		
١					
١	TOTAL This Period (Total Amount of	Transfers Received)		L.	
1					

## SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF

FOR LINE 30a OF FORM 3X

A. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event:   GOTV   Voter Registration   GOTV   Generic Campaign			L
A. Full Name (Lest, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event.   GOTV	NAME OF COMMITTEE (In Full)	- <del></del>	
Voter Registration   GOTV   Generic Campaign	N/A		
City State Zip Code    Purpose of Disbursement   Category/ Type   Date   TOTAL AMOUNT	A. Full Name (Last, First, Middle Initial) / Full Or	ganization Name	Voter Registration GOTV
Purpose of Disbursement  FEDERAL SHARE	Mailing Address		
FEDERAL SHARE   LEVIN SHARE   TOTAL AMOUNT	City State	Zip Code	
B. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event: GOTV Voter Registration GOTV Voter ID Generic Campaign Allocated Activity or Event Year-To-Date    City State Zip Code	Purpose of Disbursement		
B. Full Name (Last, First, Middle Initial) / Full Organization Name    Type of Allocated Activity or Event:   GOTV   Voter ID   Generic Campaign			
Mailing Address  City State Zip Code  Purpose of Disbursement  FEDERAL SHARE			
City State Zip Code  Purpose of Disbursement  FEDERAL SHARE	B. Full Name (Last, First, Middle Initial) / Full Or	rganization Name	Voter Registration GOTV
Purpose of Disbursement    Category/ Type		Zip Code	Allocated Activity or Event Year-To-Date
FEDERAL SHARE			
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  Voter Registration GOTV Voter ID Generic Campaign  Allocated Activity or Event Year-To-Date  City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(iii)  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	Purpose of Disbursement		
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  Voter Registration  GOTV  Voter ID  Allocated Activity or Event Year-To-Date  City  State  Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE  LEVIN SHARE  TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	FEDERAL SHARE	LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:  Voter Registration  GOTV  Voter ID  Allocated Activity or Event Year-To-Date  City  State  Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE  LEVIN SHARE  TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share		Luciana	
City State Zip Code  Purpose of Disbursement  Category/ Type  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	<del></del>	rganization Name	Voter Registration GOTV
Purpose of Disbursement  Category/ Type  Date  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share		Vin Code	
FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	State	ZIP Code	Description Control Co
SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	Purpose of Disbursement		y/ Date
SUBTOTAL of Shared Federal and Levin Activity This Page  FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share			
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share			
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	SUBTOTAL of Shared Federal and Levin Activity T	his Page	<del></del>
FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share		LEVIN SHARE	= TOTAL AMOUNT
FEDERAL SHARE  TOTAL AMOUNT  LEVIN SHARE  TOTAL This Period for the Levin Share	TOTAL This Period (last page for each line only/)	ederal share to 30(a)(i) and t evin sha	re to 30(a)(iii)
TOTAL This Period for the Levin Share	FEDERAL SHARE	Service to sociality and Levin Sild	TOTAL AMOUNT
TOTAL This Period for the Levin Share			
	TOTAL This Period for the Levin Share		

#### SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)			
NAM	E OF ACCOUNT		
	The second se	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)		
	(b) Unitemized		
	(c) Total		
2.	OTHER RECEIPTS		
3.	(Add Lines 1c and 2)		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

#### SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

PAGE Use separate schedule(s) FOR LINE NUMBER: for each category of the

		Aggregation Page	(check only one)
	y information copied from such Reports and Statements may not be for commercial purposes, other than using the name and address		
	NAME OF COMMITTEE (In Full)  N/A		
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		Amount of Each Receipt this Period
	City State  Name of Employer or Principal Place of Business	Zip Code	
	Occupation		Aggregate Year-to-Date
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.	Mailing Address		Date of necessit
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name  Mailing Address		Date of Receipt
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		- A STATE OF THE S
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		Amount of Each Receipt this Period
	City State  Name of Employer or Principal Place of Business	Zip Code	The state of the s
	Occupation		Aggregate Year-to-Date
s	UBTOTAL of Receipts This Page (optional)		
T	OTAL This Period (last page this line number only)		لسسسسسا

# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBE	R: F	AGE		OF
(check only one)		Γ	4c	<b>5</b>
	4b		]4d	

OF LEVIN FUNDS		Aggregation Page	4b 4d
Any information copied from such Reports and Stat or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
N/A			
Full Name (Last, First, Middle Initial) / Full Organ	nization Name		
ч.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	_		
Full Name (Last, First, Middle Initial) / Full Orga	nization Name		
3.			Date of Disbursement
Mailing Address	<del></del> ,		( Carol V Land
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Orga	nization Name		Date of Dishusament
<b>6</b> .			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		-	
Full Name (Last, First, Middle Initial) / Full Orga	nization Name		2
D.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
Full Name (Last, First, Middle Initial) / Full Orga	inization Name	, , , , , , , , , , , , , , , , , , , ,	Date of Sichard
<b>E</b> .			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
SUBTOTAL of Disbursements This Page (optional	)		
TOTAL This Period (last page this line number or	nly)		

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DATE PREPARED

(8/2013)